

**Title:** The Rural East Texas HIV Perinatal Prevention Programs

**Organization:** Texas Department of Health, Austin TX

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**Topical Issues of Focus:** Using CDC funding to build on existing HIV programs

### **Background/Objectives**

In 2001, the Texas Department of Health's (TDH) Bureau of HIV and STD Prevention conducted many HIV services, and prevention monitoring and technical assistance visits, with its contractors. During these visits, TDH staff learned from three community-based organizations about the difficulties obtaining and retaining HIV prevention and services for women of childbearing age in East Texas. In response, TDH expanded its HIV perinatal prevention efforts and added funds to three HIV services and prevention providers in East Texas: Triangle AIDS Network in Beaumont, Special Health Resources for Texas in Longview, and Health Horizons in Nacogdoches. The focus of the programs is to conduct HIV perinatal prevention activities with clients, the community, and care providers. The programs employ staff to work with HIV positive women who are pregnant. The women receive specialized case management and assistance in obtaining prenatal and postpartum care, including HIV antiretroviral therapy. The programs use incentives that include items such as grocery vouchers, baby baskets, car seats, and diapers to encourage women to remain in the program. The programs also assist women who may become, or are, pregnant in knowing their HIV status and provide HIV prevention case management. The women are offered HIV and pregnancy counseling and testing, and syphilis testing.

Another component of the project is to provide HIV perinatal prevention education and training to labor and delivery sites and other sites where pregnant women receive care. Three programs include HIV perinatal specialists in their AIDS update training for professionals.

The programs have also developed specialized media campaigns. Triangle AIDS Network and Health Horizons have created English and Spanish public information advertisements (PSAs) that emphasize the importance of HIV testing, and prenatal care and treatment for pregnant women. The city of Houston has run multiple radio spots with a similar message, and Special Health Resources has posted billboards as well.

### **Methods**

The TDH identified three community based organizations that submitted workplans identifying who would work on the project, the specific activities to be performed, how they would reach the highest risk women, and community stakeholders. The workplans also outline who would implement and perform the interventions.

The key partners have been the community-based organizations, the HIV prevention and services care providers, and the TDH HIV regional offices.

To assess the projects progress and success, they are required to submit quarterly narrative and process objectives reports to the TDH.

## **Results**

The three rural programs enrolled 28 HIV positive pregnant women into specialized case management. These women received incentives when they kept their HIV medical and prenatal care appointments. In addition, the women participated in group sessions to learn about reproductive health, parenting, HIV medication, HIV and STD transmission and infections, and social services. All 28 women remained on Highly Active Antiretroviral Therapy (HAART). Of the 28 women, 26 had live births (2 miscarried). All 26 babies have tested HIV negative. All of the women continue to receive HIV medical care.

The three programs facilitated and/or organized 11 HIV perinatal prevention provider trainings with 234 persons in attendance.

The three programs created and distributed 6 (3 English, 3 Spanish) HIV perinatal prevention television public education/information spots and posted HIV perinatal prevention messages on 14 billboards.

The three program performed outreach services to 732 women of childbearing age at risk for HIV infection. The women were offered HIV prevention counseling and testing, prevention case management, syphilis and pregnancy testing.

## **Conclusions**

The three programs exceeded their objectives and expectations in the first year of their funding. Since all of the programs were existing HIV prevention and Ryan White II service providers, they already had the basic infrastructure on which to build another intervention specific to HIV positive women and women at risk of HIV infection and/or pregnancy. In addition, the programs had a high level of expertise, knowledge, and acuity of the women and available services.

The greatest challenge for TDH was getting the program's contracts amended in a reasonable time frame, and the challenges for the programs were getting policies and procedures in place while they were initiating services.